

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000620

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 44

STATE FILE NUMBER

FILED JAN 23 1962

1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cape Girardeau

Length of stay in 1b

16 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Francis Hospital

Inside limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Ky.

b. COUNTY

Carter

c. CITY

OR TOWN

Arlington

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

None

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

Harden

First

Jennings

Middle

Last

Year

Month

Day

1 - 12 - 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8-5-1881

9. AGE (last birthday)

80

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

William Jennings

13b. MOTHER'S MAIDEN NAME

Amanda Jennette Lichett

14. NAME OF HUSBAND OR WIFE

Julius Martini

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

16 Russell Jennings

Address

Arlington, Ky.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Anemia

DUE TO (c)

Shock from post op hemorrhage from prostatectomy (BPH)

INTERVAL BETWEEN ONSET AND DEATH

10 days

10 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-10-51 to 1-12-62 and last saw her alive on 1-12-62
Death occurred at 1-12-62 at 8:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

L.R. Slahugh, M.D.

22b. ADDRESS

219 No. Pacific

22c. DATE SIGNED

Cape Girardeau, Mo. 1-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

1-14-62

23c. NAME OF CEMETERY OR CREMATORY

Arlington Cemetery

23d. LOCATION (City, town, or county) (State)

Arlington, Ky.

24. FUNERAL DIRECTOR

Brinkhoff-Hawell

ADDRESS

Cape Girardeau, Mo.

25. DATE RECD. BY LOCAL REG.

1-18-62

26. REGISTRAR'S SIGNATURE

James K. Kester

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Neil H. Grosshede

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

TAKEN TO DR.